

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 47079-00212

First Inventor Joel R. Jaffe

Title Award Display for Gaming Machine Having Extendable and Retractable Elements

Express Mail Label No. EV 269152916 US Filed on July 2, 2003

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 13]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D Invention
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 8]
5. ☒ Oath or Declaration [Total Pages 3]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies

## Accompanying Application Parts

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an

Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_/\_\_\_\_, filed

Prior application Information: Examiner \_\_\_\_ Group/Art Unit: \_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



36252

or ☐ New correspondence address below

NAME

PATENT TRADEMARK OFFICE

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

Name (Print/Type)

Michael J. Blankstein

Registration No. (Attorney/Agent)

37,097

Signature

Michael J. Blankstein

Date

July 2, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**  
**for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 885

**Complete if Known**

Application Number

Filing Date

July 2, 2003

First Named Inventor

Joel R. Jaffe

Examiner Name

Art Unit

Attorney Docket No.

47079-00212

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number  
**502596/47079-00212**Deposit Account Name  
**WMS GAMING INC.**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80

**SUBTOTAL (1)** (\$750)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
25	- 20** = 5	5 x 18 =	90
Independent Claims	3 - 3** = 0	0 x 84 =	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9

**SUBTOTAL (2)** (\$90)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$40)**SUBMITTED BY**

Name (Print/Type)

Michael J. Blankstein

Registration No.  
(Attorney/Agent)

37,097

**Complete (if applicable)**

Telephone

773.961.1267

Signature

*Michael Blankstein*

Date

July 2, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2